

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK SEP 11 PM 4:30

Elisa Velasco

19 CV 8526

Write the full name of each plaintiff.

CV
(Include case number if one has been assigned)

-against-

Do you want a jury trial?

New York City Department of Education

Yes No

Kimberly Swinson, Principal of Life Sciences School

Derek Promio, Assistant Principal of Life Sciences School

Write the full name of each defendant. The names listed above must be identical to those contained in Section I.

EMPLOYMENT DISCRIMINATION COMPLAINT

NOTICE

The public can access electronic court files. For privacy and security reasons, papers filed with the court should therefore *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number. See Federal Rule of Civil Procedure 5.2.

I. PARTIES

A. Plaintiff Information

Provide the following information for each plaintiff named in the complaint. Attach additional pages if needed.

First Name	Middle Initial	Last Name
65-46 160 th St. April 34		
Street Address		
Flushing	NY	11365
County, City	State	Zip Code
347-336-5162	eevees21@gmail.com	
Telephone Number	Email Address (if available)	

B. Defendant Information

To the best of your ability, provide addresses where each defendant may be served. If the correct information is not provided, it could delay or prevent service of the complaint on the defendant. Make sure that the defendants listed below are the same as those listed in the caption. (Proper defendants under employment discrimination statutes are usually employers, labor organizations, or employment agencies.) Attach additional pages if needed.

Defendant 1:	<u>Kimberly Swanson</u>		
Name			
320 E 96 St			
Address where defendant may be served			
<u>New York, NY</u>			10128
County, City	State	Zip Code	
Defendant 2:	<u>Derek Premo</u>		
Name			
<u>██████████</u>			
Address where defendant may be served			
County, City	State	Zip Code	

Defendant 3:

<u>New York City Department of Education (NYCDOE)</u>		
Name		
<u>100 Church Street</u>		
Address where defendant may be served		
<u>New York, NY</u>		<u>10007</u>
County, City	State	Zip Code

II. PLACE OF EMPLOYMENT

The address at which I was employed or sought employment by the defendant(s) is:

NYCDOE / Life Sciences Secondary School

Name		
<u>320 E 96th Street</u>		
Address		
<u>New York</u>	<u>NY</u>	<u>10128</u>
County, City	State	Zip Code

III. CAUSE OF ACTION**A. Federal Claims**

This employment discrimination lawsuit is brought under (check only the options below that apply in your case):

Title VII of the Civil Rights Act of 1964, 42 U.S.C. §§ 2000e to 2000e-17, for employment discrimination on the basis of race, color, religion, sex, or national origin

The defendant discriminated against me because of my (check only those that apply and explain):

race: Hispanic

color: _____

religion: _____

sex: _____

national origin: _____

42 U.S.C. § 1981, for intentional employment discrimination on the basis of race

My race is: _____

Age Discrimination in Employment Act of 1967, 29 U.S.C. §§ 621 to 634, for employment discrimination on the basis of age (40 or older)

I was born in the year: 1/15/1959

Rehabilitation Act of 1973, 29 U.S.C. §§ 701 to 796, for employment discrimination on the basis of a disability by an employer that constitutes a program or activity receiving federal financial assistance

My disability or perceived disability is: _____

Americans with Disabilities Act of 1990, 42 U.S.C. §§ 12101 to 12213, for employment discrimination on the basis of a disability

My disability or perceived disability is: _____

Family and Medical Leave Act of 1993, 29 U.S.C. §§ 2601 to 2654, for employment discrimination on the basis of leave for qualified medical or family reasons

B. Other Claims

In addition to my federal claims listed above, I assert claims under:

New York State Human Rights Law, N.Y. Exec. Law §§ 290 to 297, for employment discrimination on the basis of age, race, creed, color, national origin, sexual orientation, military status, sex, disability, predisposing genetic characteristics, marital status

New York City Human Rights Law, N.Y. City Admin. Code §§ 8-101 to 131, for employment discrimination on the basis of actual or perceived age, race, creed, color, national origin, gender, disability, marital status, partnership status, sexual orientation, alienage, citizenship status

Other (may include other relevant federal, state, city, or county law): _____

IV. STATEMENT OF CLAIM

A. Adverse Employment Action

The defendant or defendants in this case took the following adverse employment actions against me (check only those that apply):

- did not hire me
- terminated my employment
- did not promote me
- did not accommodate my disability
- provided me with terms and conditions of employment different from those of similar employees
- retaliated against me
- harassed me or created a hostile work environment
- other (specify): Served Education Law Section 7020-m charges

B. Facts

State here the facts that support your claim. Attach additional pages if needed. You should explain what actions defendants took (or failed to take) *because of* your protected characteristic, such as your race, disability, age, or religion. Include times and locations, if possible. State whether defendants are continuing to commit these acts against you.

See attached addendum.

As additional support for your claim, you may attach any charge of discrimination that you filed with the U.S. Equal Employment Opportunity Commission, the New York State Division of Human Rights, the New York City Commission on Human Rights, or any other government agency.

V. ADMINISTRATIVE PROCEDURES

For most claims under the federal employment discrimination statutes, before filing a lawsuit, you must first file a charge with the U.S. Equal Employment Opportunity Commission (EEOC) and receive a Notice of Right to Sue.

Did you file a charge of discrimination against the defendant(s) with the EEOC or any other government agency?

Yes (Please attach a copy of the charge to this complaint.)

When did you file your charge? 1/28/19

No

Have you received a Notice of Right to Sue from the EEOC?

Yes (Please attach a copy of the Notice of Right to Sue.)

What is the date on the Notice? 6/13/19

When did you receive the Notice? 6/18/19

No

VI. RELIEF

The relief I want the court to order is (check only those that apply):

- direct the defendant to hire me
- direct the defendant to re-employ me
- direct the defendant to promote me
- direct the defendant to reasonably accommodate my religion
- direct the defendant to reasonably accommodate my disability
- direct the defendant to (specify) (if you believe you are entitled to money damages, explain that here)

Compensate me for emotional pain + suffering

VII. PLAINTIFF'S CERTIFICATION

By signing below, I certify to the best of my knowledge, information, and belief that: (1) the complaint is not being presented for an improper purpose (such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation); (2) the claims are supported by existing law or by a nonfrivolous argument to change existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Federal Rule of Civil Procedure 11.

I agree to notify the Clerk's Office in writing of any changes to my mailing address. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Each Plaintiff must sign and date the complaint. Attach additional pages if necessary. If seeking to proceed without prepayment of fees, each plaintiff must also submit an IFP application.

9/9/2019

Dated

Elisa

First Name

Middle Initial

Last Name

65-46 160 Street

Appt. 3-H

Street Address

Fresh Meadows

NY

11365

County, City

State

Zip Code

(347) 336-5162

Telephone Number

eevers21@gmail.com

Email Address (if available)

I have read the attached Pro Se (Nonprisoner) Consent to Receive Documents Electronically:

Yes No

If you do consent to receive documents electronically, submit the completed form with your complaint. If you do not consent, please do not attach the form.

Supplemental Addendum to Federal Complaint

1. I have taught with the New York City Department for Education (“NYCDOE”) as a Spanish teacher since 2002.
2. I have taught at the Life Sciences Secondary School in Manhattan for virtually my entire teaching career with the NYCDOE.
3. I was born in January 1959.
4. I am of Mexican national origin and Hispanic ethnicity.
5. Principal Kimberly Swanson and AP Derek Premo, who are both white and less than 40 years old, upon information and belief, took over leadership of the Life Sciences secondary school in the 2015-16 school year.
6. Before they assumed leadership of the school, I only received Satisfactory, Highly Effective, or Effective ratings.
7. Since they arrived, the administration has rated me less-than-effective, as they have other older minority teachers.
8. In March of 2018, I was falsely charged with Education Law Section 3020-a incompetency charges, seeking termination of my employment.
9. On August 14, 2018, Hearing Officer Michael McKenna exonerated me of all disciplinary charges.
10. As stated in his decision, Hearing Officer McKenna found Principal Swanson and AP Premo to be incredible in their testimony. He found that their observation reports “are riddled with repetition, inconsistencies and contradictions. They rely heavily on unverified hearsay statements that the administrators could easily have investigated, but for reasons known only to them, they chose not to do so.”
11. In contrast, he found me to be credible and concluded that I am a competent teacher.
12. As a result of the 3020-a hearing, I lost per session pensionable monies during my period of reassignment from my duties while the charges were pending.
13. Upon information and belief, Principal Swanson and AP Premo have threatened or initiated 3020-a charges against four other older and/or minority teachers at the school on Section 3020-a charges seeking their termination as well. They have also forced several older and/or minority teachers to leave the school.

14. I clearly have been targeted and discriminated against based on my age and race/ethnicity by my school administration as set forth above.
15. Since filing the protected complaint on or about September 5, 2018, I have been the victim of additional retaliation by my school administration after I was returned to the school.
16. On October 24, 2018, AP Premo gave me a formal observation, which was subsequently rated ineffective in 7 out of 8 categories. I received the observation report back on or about October 30, 2018.
17. On January 7, 2019, AP Premo gave me another informal observation rated ineffective in 8 of 9 categories. I received the observation report back on or about January 16, 2019.
18. I believe I am being continually retaliated against for filing a previous discrimination charge in September 2018 against my administrators.

Supplemental Complaint
1/28/2019New York State Division of Human Rights
Complaint Form

evers21@gmail.com

CONTACT INFORMATION

My contact information:

Name: Elisa Velasco

(347) 336-5162

(cellular)

Address: 65-46 160 STApt or Floor #: 3-HCity: FlushingState: NYZip: 11365(347) 494-5618
(Home)

REGULATED AREAS

I believe I was discriminated against in the area of:

 Employment Education Volunteer firefighting Apprentice Training Boycotting/Blacklisting Credit Public Accommodations
(Restaurants, stores, hotels, movie
theaters amusement parks, etc.) Housing Labor Union, Employment
Agencies Commercial Space Internship

I am filing a complaint against:

Company or Other Name: DOE / Life Sciences Secondary SchoolAddress: 320 E 96 STCity: New York State: NY Zip: 10128Telephone Number: 212 348-1694
(area code)

Individual people who discriminated against me:

Name: Kimberly SwansonName: Derek PremoTitle: PrincipalTitle: AP

DATE OF DISCRIMINATION

The most recent act of discrimination happened on:

March 26 2018
month day year

3

Jan 16th, 2019

BASIS OF DISCRIMINATION

Please tell us why you were discriminated against by checking one or more of the boxes below.



You do not need to provide information for every type of discrimination on this list. Before you check a box, make sure you are checking it only if you believe it was a reason for the discrimination. Please look at the list on Page 1 for an explanation of each type of discrimination.

Please note: Some types of discrimination on this list do not apply to all of the regulated areas listed on Page 3. (For example, Conviction Record applies only to Employment and Credit complaints, and Domestic Violence Victim Status is a basis only in Employment complaints). These exceptions are listed next to the types of discrimination below.

I believe I was discriminated against because of my:

<input checked="" type="checkbox"/> Age (Does not apply to Public Accommodations) Date of Birth: 01/15/1955	<input type="checkbox"/> Genetic Predisposition (Employment only) Please specify:
<input type="checkbox"/> Arrest Record (Only for Employment, Licensing, and Credit) Please specify:	<input type="checkbox"/> Marital Status Please specify:
<input type="checkbox"/> Conviction Record (Employment and Credit only) Please specify:	<input type="checkbox"/> Military Status: Please specify:
<input type="checkbox"/> Creed / Religion Please specify:	<input checked="" type="checkbox"/> National Origin Please specify: Mexico City
<input type="checkbox"/> Disability Please specify:	<input checked="" type="checkbox"/> Race/Color or Ethnicity Please specify: Hispanic
<input type="checkbox"/> Pregnancy-Related Condition: Please specify:	<input type="checkbox"/> Sex Please specify: <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Pregnancy <input type="checkbox"/> Sexual Harassment
<input type="checkbox"/> Domestic Violence Victim Status: (Employment only) Please specify:	<input type="checkbox"/> Sexual Orientation Please specify:
<input type="checkbox"/> Familial Status (Does not apply to Public Accommodations or Education) Please specify:	<input checked="" type="checkbox"/> Retaliation (if you filed a discrimination case before, or helped someone else with a discrimination case, or reported discrimination due to race, sex, or any other category listed above) Please specify: Filled Complaint Sep 2018



Before you turn to the next page, please check this list to make sure that you provided information **only** for the type of discrimination that relates to your complaint.

EMPLOYMENT OR INTERNSHIP DISCRIMINATION

Please answer the questions on this page only if you were discriminated against in the area of employment or internship. If not, turn to the next page.

How many employees does this company have?

a) 1-3 b) 4-14 c) 15 or more d) 20 or more e) Don't know

Are you currently working for the company?

Yes

Date of hire:

Sept 1 2002 What is your job title? Teacher
Month day year

No

Last day of work: (_____) What was your job title? _____

I was not hired by the company

Date of application: (_____ Month _____ day _____ year)

ACTS OF DISCRIMINATION

What did the person/company you are complaining against do? Please check all that apply.

- Refused to hire me
- Fired me / laid me off
- Did not call me back after a lay-off
- Demoted me
- Suspended me
- Sexually harassed me
- Harassed or intimidated me (other than sexual harassment)
- Denied me training
- Denied me a promotion or pay raise
- Denied me leave time or other benefits
- Paid me a lower salary than other workers in my same title
- Gave me different or worse job duties than other workers in my same title
- Denied me an accommodation for my disability
- Denied me an accommodation for my religious practices
- Gave me a disciplinary notice or negative performance evaluation
- Other: 3020-a charges (exoneration 8/14/18)

DESCRIPTION OF DISCRIMINATION - for all complaints (Public Accommodation, Employment, Education, Housing, and all other regulated areas listed on Page 3)

Please tell us more about each act of discrimination that you experienced. Please include dates, names of people involved, and explain why you think it was discriminatory.
PLEASE TYPE OR PRINT CLEARLY.

I was served with a 3020a charges

See attached addendum.

If you need more space to write, please continue writing on a separate sheet of paper and attach it to the complaint form. **PLEASE DO NOT WRITE ON THE BACK OF THIS FORM.**

NOTARIZATION OF THE COMPLAINT

Based on the information contained in this form, I charge the above-named Respondent with an unlawful discriminatory practice, in violation of the New York State Human Rights Law.

By filing this complaint, I understand that I am also filing my employment complaint with the United States Equal Employment Opportunity Commission under the Americans With Disabilities Act (covers disability related to employment), Title VII of the Civil Rights Act of 1964, as amended (covers race, color, religion, national origin, sex relating to employment), and/or the Age Discrimination in Employment Act, as amended (covers ages 40 years of age or older in employment), or filing my housing/credit complaint with HUD under Title VIII of the Federal Fair Housing Act, as amended (covers acts of discrimination in housing), as applicable. This complaint will protect your rights under Federal Law.

I hereby authorize the New York State Division of Human Rights to accept this complaint on behalf of the U.S. Equal Employment Opportunity Commission, subject to the statutory limitations contained in the aforementioned law and/or to accept this complaint on behalf of the U.S. Department of Housing and Urban Development for review and additional filing by them, subject to the statutory limitations contained in the aforementioned law.

I have not filed any other civil action, nor do I have an action pending before any administrative agency, under any state or local law, based upon this same unlawful discriminatory practice.

I swear under penalty of perjury that I am the complainant herein; that I have read (or have had read to me) the foregoing complaint and know the contents of this complaint; and that the foregoing is true and correct, based on my current knowledge, information, and belief.



Sign your full legal name

Subscribed and sworn before me
This 6th day of Sept, 2018


Signature of Notary Public

County: Rockland Commission expires: 1/22/22

BRYAN GLASS
NOTARY PUBLIC, STATE OF NEW YORK
NO. 02GL6068975
QUALIFIED IN NEW YORK COUNTY
COMMISSION EXPIRES 1/22/22

Please note: Once this form is notarized and returned to the Division, it becomes a legal document and an official complaint with the Division of Human rights. After the Division accepts your complaint, this form will be sent to the company or person(s) whom you are accusing of discrimination.

Notarization of Complaint

Based on the information contained in this form, I charge the herein named respondent(s) with an unlawful discriminatory practice, in violation of the New York State Human Rights Law.

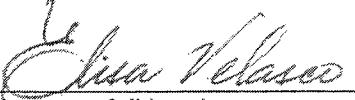
By filing this complaint, I understand that I am also filing my employment complaint with the United States Equal Employment Opportunity Commission under the Americans With Disabilities Act (covers disability related to employment), Title VII of the Civil Rights Act of 1964, as amended (covers race, color, religion, national origin, sex relating to employment), and/or the Age Discrimination in Employment Act, as amended (covers ages 40 years of age or older in employment). This complaint will protect my rights under federal law.

I hereby authorize the New York State Division of Human Rights to accept this complaint on behalf of the U.S. Equal Employment Opportunity Commission, subject to the statutory limitations contained in the aforementioned law.

I have not filed any other civil action, nor do I have an action pending before any administrative agency, under any state or local law, based upon this same unlawful discriminatory practice.

PLEASE INITIAL E.V.

I swear under penalty of perjury that I am the complainant herein; that I have read (or have had read to me) the foregoing complaint and know the contents of this complaint; and that the foregoing is true and correct, based on my current knowledge, information, and belief.



Sign your full legal name

Subscribed and sworn before me
This 28th day of June, 2019



Signature of Notary Public

County: Boulder Commission expires: 1/22/22

BRYAN GLASS
Notary Public, State of New York
No. 02GL6066978
Qualified in Rockland County
Commission Expires 1/22/2018

Please note: Once this form is completed, notarized, and returned to the New York State Division of Human Rights, it becomes a legal document and an official complaint with the Division.

ADDITIONAL INFORMATION

The next three pages are for the Division's records and will not be sent out with the rest of your complaint.

Contact information

My primary telephone number:

347 336-5162
(area code)

home phone
 work phone
 cell phone
 other _____

My secondary telephone number:

347 494-5618
(area code)

home phone
 work phone
 cell phone
 other: _____

My email address: evers21@gmail.com

Last four digits of my Social Security number: - 3465

Contact person (someone who does not live with you but will know how to contact you if the Division cannot reach you):

Name: Elizabeth Evers

Telephone number: 347 730-7845
(area code)

Relationship to me: Daughter

Special Needs

I am in need of: a) A translator (if so, which language?): _____

b) Accommodations for a disability: _____

c) Other: _____

Settlement / Conciliation:

To settle this complaint, I would accept: (Please explain what you want to happen as a result of this complaint. Do you want a letter of apology, your job back, lost wages, an end to the harassment, etc?)

I would like to have my formal and informal observations reports removed from my file for the 2018-2019 school year

Witnesses:

The following people saw or heard the discrimination and can act as witnesses:

Name: Dr. Keita Job title: Math Teacher
Telephone number: 917 573-5945
Relationship to me: Colleague
What did this person witness? _____

Name: David Blattberg Job title: Science Teacher
Telephone number: 516) 445-8220
Relationship to me: Colleague
What did this person witness? _____

If you have more witnesses, please write their names and information on a separate sheet of paper and attach it to this form. Please do not write on the back of this form.

Additional Details:

Did you report or complain about the discrimination to someone else?

(If you told someone, filed a report or sent a letter about the discrimination, please indicate whether you went to a supervisor, a manager, the owner of the company, your human resources office, your union, your housing provider, the police, etc.).

My Chapter Leader (Mr. Kirby) (2015), and Dr. Diana Cantrus (2018) Our New Chapter Leader

Date you reported or complained about discrimination: _____ month _____ day _____ year

How exactly did you complain about the discrimination?

(Who did you talk to about it? Who did you file a report or make a formal written complaint or union grievance with? What did you say?)

My Chapter leader Dr. Cantrus

What happened after you complained?

(Was your complaint investigated? Was any action taken in response to your complaint? Did the discrimination stop? Did you experience retaliation for complaining?)

If you did not report the discrimination, please explain why:

Did the person you are complaining against touch you, hurt you, or physically harm you?

Yes No

If yes, please explain:

Examples of other people who were discriminated against in the same way as you were:

(For example, people who were harassed by the same manager, disciplined or terminated for the same reasons, did not receive an accommodation for the same reasons, etc.).

If you are complaining about discrimination relating to race, national origin, age, religion, etc. please describe their races, national origins, ages, religions, etc.

I'm not the only teacher being discriminated by this administration. Two teachers were forced to retire and One AP (Ms. Dike) as well (African-American) Ms. Bailey and Ms. Merritt both in their sixties African-American were forced to retire. Dr. Keita Math-Teacher - African-American. Mr. D. Blattberg Science-Teacher is Caucasian, and he's going through hearing

Examples of other people who were treated better than you were:

(For example, people who were not fired for doing the same thing you were fired for, people who were doing the same job but making more money, people who were allowed to stay in the store while you were told to leave, etc.).

If you are complaining about discrimination relating to race, national origin, age, religion, etc. please describe their races, national origins, ages, religions, etc.

Caucasian Teachers have priority in all the activities, they also have preferences that we are entitled to getting better ratings in their observations Ms. Swanson and Mr. Premo are in their thirties

Addendum to SDHR Complaint for Elisa Velasco

1. I have taught with the New York City Department for Education (NYCDOE) as a Spanish teacher since 2002.
2. I have taught at the Life Sciences Secondary School in Manhattan for virtually my entire teaching career with the NYCDOE.
3. I was born in January 1959 and am presently 59 years old.
4. I am of Mexican national origin and Hispanic ethnicity.
5. Principal Kimberly Swanson and AP Derek Premo, who are both white and less than 40 years old upon information and belief, took over leadership of the Life Sciences secondary school in the 2015-16 school year.
6. Before they assumed leadership of the school, I only received Satisfactory, Highly Effective, or Effective ratings.
7. Since they arrived, the administration has rated me less than effective, as they have other older minority teachers.
8. I was falsely charged with Section 3020-a incompetency charges in March 2018 seeking termination of my employment. I subsequently was exonerated of all disciplinary charges by a neutral Section 3020-a hearing officer, by his decision dated August 14, 2018. I lost per session pensionable monies during my period of reassignment from my duties while the charges were pending.
9. Upon information and belief, Principal Swanson and AP Premo have threatened or initiated 3020-a charges against four other older and/or minority teachers at the school on Section 3020-a charges seeking their termination as well, and forced several to leave the school.
10. I clearly have been targeted and discriminated against based on my age and national origin and race/ethnicity by my school administration as set forth above.

Supplemental Addendum to SDHR Complaint for Elisa Velasco @ 1/28/19

1. I have taught with the New York City Department for Education (NYCDOE) as a Spanish teacher since 2002.
2. I have taught at the Life Sciences Secondary School in Manhattan for virtually my entire teaching career with the NYCDOE.
3. I was born in January 1959 and am presently 59 years old.
4. I am of Mexican national origin and Hispanic ethnicity.
5. Principal Kimberly Swanson and AP Derek Premo, who are both white and less than 40 years old, upon information and belief, took over leadership of the Life Sciences secondary school in the 2015-16 school year.
6. Before they assumed leadership of the school, I only received Satisfactory, Highly Effective, or Effective ratings.
7. Since they arrived, the administration has rated me less than effective, as they have other older minority teachers.
8. I was falsely charged with Section 3020-a incompetency charges in March 2018 seeking termination of my employment. I subsequently was exonerated of all disciplinary charges by a neutral Section 3020-a hearing officer, by his decision dated August 14, 2018. I lost per session pensionable monies during my period of reassignment from my duties while the charges were pending.
9. Upon information and belief, Principal Swanson and AP Premo have threatened or initiated 3020-a charges against four other older and/or minority teachers at the school on Section 3020-a charges seeking their termination as well, and forced several to leave the school.
10. I clearly have been targeted and discriminated against based on my age and national origin and race/ethnicity by my school administration as set forth above.
11. Since filing the protected complaint on or about September 5, 2018, I have been the victim of additional retaliation by my school administration after I was returned to the school.
12. On October 24, 2018, AP Premo gave me a formal observation, which was subsequently rated ineffective in 7 of 8 categories. I received the observation report back on or about October 30, 2018.

13. On January 7, 2019, AP Premo gave me another informal observation rated ineffective in 8 of 9 categories. I received the observation report back on or about January 16, 2019.
14. I believe I am being continually retaliated against for filing a previous discrimination charge in September 2018 against my administrators.

U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION

DISMISSAL AND NOTICE OF RIGHTS

To: **Elisa Velasco**
65-46 160 Street - Apt 3H
Fresh Meadows, NY 11365

From: **New York District Office**
33 Whitehall Street
5th Floor
New York, NY 10004



*On behalf of person(s) aggrieved whose identity is
 CONFIDENTIAL (29 CFR §1601.7(a))*

EEOC Charge No.

EEOC Representative

Telephone No.

16G-2019-00884

Holly M. Shabazz,
State & Local Program Manager

(212) 336-3643

THE EEOC IS CLOSING ITS FILE ON THIS CHARGE FOR THE FOLLOWING REASON:

- The facts alleged in the charge fail to state a claim under any of the statutes enforced by the EEOC.
- Your allegations did not involve a disability as defined by the Americans With Disabilities Act.
- The Respondent employs less than the required number of employees or is not otherwise covered by the statutes.
- Your charge was not timely filed with EEOC; in other words, you waited too long after the date(s) of the alleged discrimination to file your charge.
- The EEOC issues the following determination: Based upon its investigation, the EEOC is unable to conclude that the information obtained establishes violations of the statutes. This does not certify that the respondent is in compliance with the statutes. No finding is made as to any other issues that might be construed as having been raised by this charge.
- The EEOC has adopted the findings of the state or local fair employment practices agency that investigated this charge.
- Other (briefly state) Charging Party wishes to pursue matter in Federal District Court

- NOTICE OF SUIT RIGHTS -

(See the additional information attached to this form.)

Title VII, the Americans with Disabilities Act, the Genetic Information Nondiscrimination Act, or the Age Discrimination in Employment Act: This will be the only notice of dismissal and of your right to sue that we will send you. You may file a lawsuit against the respondent(s) under federal law based on this charge in federal or state court. Your lawsuit must be filed **WITHIN 90 DAYS** of your receipt of this notice; or your right to sue based on this charge will be lost. (The time limit for filing suit based on a claim under state law may be different.)

Equal Pay Act (EPA): EPA suits must be filed in federal or state court within 2 years (3 years for willful violations) of the alleged EPA underpayment. This means that backpay due for any violations that occurred **more than 2 years (3 years)** before you file suit may not be collectible.

June 13, 2019

Enclosures(s)

Kevin J. Berry,
District Director

(Date Mailed)

cc:

GLASS & HOGROGRIAN LLP
Attn: Bryan Glass - Esq
100 Church Street – Suite 800
New York, NY 10007

NYC DEPT OF EDUCATION
Attn: Toni Ganz – General Counsel
52 Chambers Street – Room 308
New York, NY 10007

(PLACE AN x IN ONE BOX ONLY)

<input checked="" type="checkbox"/> 1 Original Proceeding	<input type="checkbox"/> 2 Removed from State Court	<input type="checkbox"/> 3 Remanded from Appellate Court	<input type="checkbox"/> 4 Reinstated or Reopened	<input type="checkbox"/> 5 Transferred from (Specify District)	<input type="checkbox"/> 6 Multidistrict Litigation (Transferred)	<input type="checkbox"/> 7 Appeal to District Judge from Magistrate Judge
			<input type="checkbox"/> 8 Multidistrict Litigation (Direct File)			
<input type="checkbox"/> a. all parties represented						
<input type="checkbox"/> b. At least one party is pro se.						

(PLACE AN x IN ONE BOX ONLY)

<input type="checkbox"/> 1 U.S. PLAINTIFF	<input type="checkbox"/> 2 U.S. DEFENDANT	<input checked="" type="checkbox"/> 3 FEDERAL QUESTION	<input type="checkbox"/> 4 DIVERSITY (U.S. NOT A PARTY)
---	---	--	--

BASIS OF JURISDICTION**IF DIVERSITY, INDICATE CITIZENSHIP BELOW.****CITIZENSHIP OF PRINCIPAL PARTIES (FOR DIVERSITY CASES ONLY)**

(Place an [X] in one box for Plaintiff and one box for Defendant)

CITIZEN OF THIS STATE	PTF <input type="checkbox"/> 11	DEF <input type="checkbox"/> 11	CITIZEN OR SUBJECT OF A FOREIGN COUNTRY	PTF <input type="checkbox"/> 33	DEF <input type="checkbox"/> 33	INCORPORATED and PRINCIPAL PLACE OF BUSINESS IN ANOTHER STATE	PTF <input type="checkbox"/> 55	DEF <input type="checkbox"/> 55
CITIZEN OF ANOTHER STATE	<input type="checkbox"/> 22	<input type="checkbox"/> 22	INCORPORATED or PRINCIPAL PLACE OF BUSINESS IN THIS STATE	<input type="checkbox"/> 44	<input type="checkbox"/> 44	FOREIGN NATION	<input type="checkbox"/> 66	<input type="checkbox"/> 66

PLAINTIFF(S) ADDRESS(ES) AND COUNTY(IES)

Elisa Velasco
65-46 160th Street, Apt. 3H
Flushing, NY 11365

DEFENDANT(S) ADDRESS(ES) AND COUNTY(IES)**New York County:**

New York City Department of Education - Zachary Carter c/o Corporation Counsel of the City of New York. 100 Church Street, New York, NY 10007
Kimberly Swanson, Principal of Life Sciences Secondary School; 320 E 96th Street New York, NY 10128
Derek Premo, Assistant Principal of Life Sciences Secondary School; 320 E 96th Street NY, NY 10128

DEFENDANT(S) ADDRESS UNKNOWN

REPRESENTATION IS HEREBY MADE THAT, AT THIS TIME, I HAVE BEEN UNABLE, WITH REASONABLE DILIGENCE, TO ASCERTAIN THE RESIDENCE ADDRESSES OF THE FOLLOWING DEFENDANTS:

COURTHOUSE ASSIGNMENT

I hereby certify that this case should be assigned to the courthouse indicated below pursuant to Local Rule for Division of Business 18, 20 or 21.

Check one: THIS ACTION SHOULD BE ASSIGNED TO: WHITE PLAINS MANHATTAN

DATE SIGNATURE OF ATTORNEY OF RECORD

ADMITTED TO PRACTICE IN THIS DISTRICT

[] NO
[] YES (DATE ADMITTED Mo. _____ Yr. _____)
Attorney Bar Code #

RECEIPT #

Magistrate Judge is to be designated by the Clerk of the Court.

Magistrate Judge _____ is so Designated.

Ruby J. Krajick, Clerk of Court by _____ Deputy Clerk, DATED _____

UNITED STATES DISTRICT COURT (NEW YORK SOUTHERN)